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TITLE: Midterm evaluation of Sexually Transmitted diseases case management in primary Health care facilities in Uganda.

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BACKGROUND/OBJECTIVES: A programme for improved STD case management in primary health care facilities (HCF) in Uganda was started in 1995. We compared changes in the proportion of patients with specific STD who receive appropriate treatment in HCFs (WHO/GPA Prevention Indicator (PI) 6, and the proportion that receive appropriate counseling on condom use and partner notification, PI 7 in 1996 and 1998.

METHODS: A cross sectional observational health facility survey was conducted in 1998. We observed 116 Health Care Providers (HCP) managing 211 STD patients and we interviewed 294 HCPs about their knowledge and practices of STD management. PI 6 and 7 were used to assess the quality of care; simple χ^2 test used to compare proportions with baseline data of 1996.

RESULTS: In 1998, the rate for PI 6 was 20.6% (95% CI: 17.7-32.7), a 44% increase from 14.3% in 1996 ($p>0.05$). By components of PI 6, history taking improved from 61% to 65%, physical examination of patients for genital discharge and lesions from 50% to 53% while the proportion that were prescribed appropriate antibiotics increased from 16% to 49%. The rate for PI 7 was 28% (95% CI: 22-34.5), a 50% increase from 18.5% in 1996 ($p=0.02$). By components, advice on condom use was provided to 30% compared to 19% in 1996 and advice on partner referral was provided to 56% up from 53% in 1996. The patients physically provided with condoms were 14.7% up from 6% in 1996. By interview, knowledge of correct Antibiotics treatment for 3 syndromes increased from 10 to 30%, while HCP who claimed that they routinely advise STD patients on condom use increased from 55% to 61%, and partner notification from 82% to 92%. There was a decrease in the proportion of HCP who said they had inadequate drugs for STDs from 77% to 55%, those who said they had condoms in stock in their clinics increased from 56% to 77%. HCP who had a copy of national standard STD treatment guidelines increased from 30% to 72% and those who had copies of partner notification slips increased from 45 to 47%.

CONCLUSION: HCP in Uganda still lack the knowledge and skills for STD case management and even where the knowledge and logistics supplies exist, they are not usually put to proper use during day to day practice of case management. The training and support supervision should be intensified and tailored to address clinical assessment and patient counseling. Further research to identify provider constraints to case management should be investigated further.

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